

SOUTHLAND SPORTS CAR CLUB INC.



Competition Number							
For Race Secretary's Use Only							



ENTRY FORM PLEASE RECORD THIS ENTRY FOR

A Date of	Meeting: 1	4-16 Febru	ary 2020	ı	В	Transpo	onder No.:		
C Driver /	Entrant Detai	ls:							
Loof Name*					First Time Driver (3 or fewer events) (please tick)				
Last Name*:					First Time Competitor at Venue (please tick)				
First Name*	:			Forei	gn P	articipant o	n Non-MSNZ	Licence (please tick)	
Email Address	*:				Date of Birth*:				
Physical Addres	SS								
Postal Address	for Entry Details	<u> </u>							
🕿 - Home		જ -	🖀 - Business			🖀 - Mobile			
Competition Lic	cence No:				***************************************		Expiry Date	/	
Licence Grade:	(please tick)	□ IN	T C Grade				de	☐ C1 Grade	
Financial Member of the following MotorSport NZ Member Club:							Club M	1embership	
(Name of club)					[IF VEC	Expiry		
Currently is your NZ civil drivers licence disqualified? Y / N If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)									
•	atistical purposes ase circle appropria		19 19-25	5 26-	35	36-60	61 plus		
Emergency	Name:	ato). Ondor	10 10 20	, 20		Relationship	•		
Contact:	Contact Telepl	none Number:							
	1		ant is other ti	han the d	Irivei	r. Licence r	nust be purch	ased from MotorSport	NZ
	rior to the event	in question and	d presented	at docum	enta	ation)		·	
Entrant's Name									
Postal Address									
Email Address									
🕿 - Home		🕿 - Bus	siness		Ŧ		🕿 - Mobile		
Entrants Licence Number					Licence Expiry Date /				
D 1 Vehicle	Details								
Vehicle Make*:					Ve	hicle Model	*.		
Chassis Number*:						Log Book No			
Capacity in cc: Perman			nent			(All vehicles) Colour:			
- . - .		Race No.:			Се	rt. of Descr	iption		
	Rotary LI	Petrol L	Methanol				T&C where appl	licable)	
	e box below to cor							e applicable period	
				classification or group from the Schedule. Schedule K Period Classification					
Schedule K Schedule T & C			Schedule T &						
Schedule CR				Schedule CR period grouping					
NOTE: Refer to th	ne Appendix Six S	ection Three Veh						this section of the entry f	orm
3. Year of Vehicle Manufacture: Note: Actual year of completion of manufacture for this particular vehicle									
4. Previous Historic Racing Experience (Please list below the last 3 events you have competed in within the last 12 months)									
								·	
Date:		D	ate:				Date:		

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Form: 2020 Entry Form - Teretonga

Date: 02/18

E Complete if GST Registered:

GST Registration No:

Name of Person / Company / Team Registered:

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

Critical Safety Non-Critical Safety Non Safety Helmet Engine & Transmission Rear Lights / Rain Lights Ballast (Security) Head & Neck Mounts Bodyshell / Chassis **Competition Numbers** Restraint Flexible Fluid Lines & Hoses Condition Registration & WOF Protective Clothing Exterior Appearance Throttle Return (Failsafe) Labels Panels / Covers Safety Harness **Engine Starter Operation** LVV / MSNZ Authority Card Window Net(s) Reverse Gear Operation Doors Roll Bar / Safety Exhaust System Windows LVV Plate Cage Oil Catch Tank(s) Wipers & Demisting Optional Equipment Seat(s) and Mounts Rear Vision Mirrors Electrical Wiring Fire Extinguisher Ignition / Circuit Breaker Aerofoils & Spoilers Wheels and Tyres Battery Cockpit Construction / Brake System Lighting Systems **Fittings** Steering & Brake Lights Bulkheads Suspension Systems Tow Eyes

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:

Fuel Tank(s) / Fillers /

I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of Driver: Date:

Signature of Entrant: Date: Date:

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED PRIOR TO POSTING

Note: If Driver and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent

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Form: 2020 Entry Form - Teretonga

Date: 01/18



GEORGE BEGG CLASSIC SPEEDFEST 2020

CLASS ENTERED:							
Classic Saloons				Historic Touring Cars		Club Saloons	
Sports Cars				NZ F5000		Formula Libre	
Racing Cars				Historic Muscle Cars		VCC – separate e	entry
PAYMENT DETAILS	3 :						
FEES PAID (Please ☑	í)						
Entry Fee \$3		5.00		Extra Admission Pass	\$ 15.00	☐ No. required	_
Extra Class		0.00		Drivers Lounge Passes	\$135.00	☐ No. required	_
Late Fee		0.00		Extra Saturday Function T	icket \$ 85.00	☐ No. required	_
Transponder Hire	\$ 3	0.00		Marquee Hire (6m x 3m)	\$400.00	☐ (Limited availabi	lity)
Note: SSCC Membe SSCC Accident Assist		•	g in	the Club Saloons may include \$4	10 with their en	try fee for inclusion i	in the
MERCHANDISE (Plea Competitive Sp Teretonga Par Commemorativ Turbo Pass Ev	oirit D k Cap ve T-S	VD Shirt	;	\$30.00	Size required	(e.g. S, M, L e	etc)
POST THIS ENTRY TO	O:	South PO B Inver	nland ox 5 cargi	II 9840			
OR EMAIL:		info@	tere	tonga.org.nz			
Please make cheques	paya	ble to	"Sou	thland Sports Car Club Inc."			
Bank A/c Details:		03-17	'50-C	196035-00 (please use driver na	ame as referen	ce)	
Credit Card Details:							
Visa/Master/Bankcard Detail Card Number	s (circl	(e)					
Name of Card Holder					Expiry Dat	e	
Signature					Amount \$_		
				ereionga			
TAX INVOICE				park		GST NO: 49-62	21-531
				For Office Use Only			
Date Entry Rec'd:	/	. /		Payment Type: Chq/Cash/ Eftpos/	Direct Credit P	ayment Rec'd: \$	

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Date: 02/18